

3. Barbor R: Sclerosant therapy. Reunion Sobre Patologia de la Columna Vertebral 1977; 237-243

4. Naeim F, Froetscher L, Hirschberg GG: Treatment of the chronic iliolumbar syndrome by infiltration of the iliolumbar ligament. West J Med 1982 Apr; 136:372-374

5. Hirschberg GG, Froetscher L, Naeim F: Iliolumbar syndrome as a common cause of low back pain: Diagnosis and prognosis. Arch Phys Med Rehabil 1979 Sep; 60:415-419

6. Hackett G: Ligament and Tendon Relaxation Treated by Prolotherapy—3rd Ed. Springfield, Ill, CC Thomas, 1958

7. Liu YK, Tipton CM, Matthes RD, et al: An in situ study of the influence of a sclerosing solution in rabbit medial collateral ligaments and its junction strength. Connect Tissue Res 1983; 11(2-3):95-102

\* \* \*

TO THE EDITOR: I note that in the "Medical Practice Question" dealing with "Multiple Injections of Sclerosing Solutions,"<sup>1</sup> three scientific panels rendered an opinion that the practice was "unacceptable" on the basis of their point that "In fact, there have been no double-blind studies that have documented the safety and effectiveness of this technique."

That is—in fact—incorrect. There was an excellent study by Naeim, Froetscher and Hirschberg published in *The Western Journal of Medicine* in 1982.<sup>2</sup> I would think that panels implying they have made a thorough literature search, but missing a recent study in the very journal in which they are publishing the opinion, should be called upon to do a bit more homework and reconsider their opinion as such additional evidence is presented.

The study by Naeim and co-workers was done on patients with chronic back pain and used remarkably strict criteria. The results suggested that the treatment was exceptionally effective even when the small study was corrected for its size. For those of us dealing with chronic pain, the results were particularly impressive. They come from an investigator who has "earned his spurs" in other areas as well. It might be said that the study can be criticized, repeated or extended, but it should not be ignored.

It is worth mentioning that double-blind studies for injection techniques are difficult to unearth and in a recent search of my own I could not find them for such prevalent procedures as facet blocks, epidural blocks and trigger-point blocks. I may have missed studies as easily as the scientific panels; however, it may well be that "sclerotherapy" is actually one of the more well-documented injection procedures.

ROBERT SINE, MD  
Director, Department of Physical  
Medicine and Rehabilitation  
St Mary's Hospital and Medical Center  
450 Stanyan Street  
San Francisco, CA 94117

#### REFERENCES

1. Multiple injections of sclerosant solution (Medical Practice Question). West J Med 1985 Jun; 142:841

2. Naeim R, Froetscher L, Hirschberg GG: Treatment of the chronic iliolumbar syndrome by infiltration of the iliolumbar ligament (Information). West J Med 1982 Apr; 136:372-374

\* \* \*

#### Dr Michael W. Abdalla Replies

TO THE EDITOR: The medical practice opinion dealing with sclerosant solution in the June issue<sup>1</sup> is a response to a specific question. Based upon literature available and the expertise of their members, the Advisory Panels on Neurology, Neurosurgery and Orthopedics agreed that the use of multiple injections of a sclerosant solution containing phenol, dextrose,

glycerin and pyrogen-free water is unacceptable in the management of neck, back and lower extremity pain.

Though the advisory panels are unaware of double-blind studies that document the safety and efficacy of this technique, Dr Sine suggests that such a study was published by Naeim and co-workers.<sup>2</sup> The study, "Treatment of the Chronic Iliolumbar Syndrome by Infiltration of the Iliolumbar Ligament," is of interest. However, it is not, as claimed, double-blind. It evaluated a small number of patients (16) and it limited its investigation to the injection of lidocaine (with and without dextrose) for low back pain.

The study itself acknowledges that the method of injecting lidocaine with hypertonic dextrose is "used by only a small number of physicians," and it concedes that treatment with dextrose has been discouraged by many physicians for two reasons: effectiveness and safety.

In the event of new scientific evidence, the advisory panels will review and possibly revise their opinion on this issue. Until then, they support the opinion published in June.

We appreciate the comments of Drs Hirschberg and Sine and welcome proponents of this technique to conduct further investigations into its safety and potential for alleviating neck, back and lower extremity pain.

MICHAEL W. ABDALLA, MD  
Chair, Advisory Panel on Orthopedics  
California Medical Association  
44 Gough Street  
San Francisco, CA 94103

#### REFERENCES

1. Multiple injections of sclerosant solution (Medical Practice Question). West J Med 1985 Jun; 142:841

2. Naeim R, Froetscher L, Hirschberg GG: Treatment of the chronic iliolumbar syndrome by infiltration of the iliolumbar ligament (Information). West J Med 1982 Apr; 136:372-374

#### Intractable Cough

TO THE EDITOR: I read with interest the excellent staff conference "Evaluating and Treating Intractable Cough" in the August issue.<sup>1</sup>

I would like to comment on a cause of intractable coughing which I have seen many times—acute or chronic sinusitis.<sup>2,3</sup> The latter diagnosis is sometimes missed because x-ray films of the sinuses are not obtained. In many cases the only symptoms of which patients complain are postnasal discharge and cough. Often adequate antimicrobial therapy with appropriate antibiotics for an adequate length of time (two to four weeks) alleviates the symptoms.

Some authors have called this the sinopulmonary or sino-bronchial syndrome. In many cases atopy plays a significant role in precipitating chronic sinusitis.

I have also seen other patients who defy any etiologic trigger and who dramatically respond to local anesthetics sprayed on the pharyngeal area.

DAVID M. MALISH, MD  
2577 Samaritan Drive, Suite 750  
San Jose, CA 95124

#### REFERENCES

1. Stulberg M: Evaluating and treating intractable cough—Medical Staff Conference, University of California, San Francisco. West J Med 1985 Aug; 143:223-228

2. Sacha RF, Tremblay NF, Jacobs RL: Chronic cough, sinusitis, and hyperactive airways in children: An often overlooked association. Ann Allergy 1985 Mar; 54:195-198

3. Rachelefsky GS, Katz RM, Siegel SC: Chronic sinusitis in children with respiratory allergy: The role of antimicrobials. J Allergy Clin Immunol 1982; 69:382-387